

INTERPRETER’S INVOICE

Statement of Services Rendered

Send invoice to:

BOARD OF PRISON TERMS  
1515 K STREET, SUITE 600  
SACRAMENTO, CA 95814

PAROLEE/INMATE: \_\_\_\_\_  
CDC Number: \_\_\_\_\_  
Location & time of hearing: \_\_\_\_\_  
\_\_\_\_\_

Date of Service	Description of Service Rendered	Language Provided: _____	
		Type of Hearing: <input type="checkbox"/> Lifer <input type="checkbox"/> Revocation <input type="checkbox"/> Revocation Extension <input type="checkbox"/> MDO <input type="checkbox"/> SVP	Hours

I hereby certify that the hours, date of service and the description of the service rendered as set forth above are true and correct.

Total hours	
Hourly rate	\$20.00
Total billing	

Interpreter’s (Signature) \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

S.S. Number / Certification Number (If Appropriate) \_\_\_\_\_

Date \_\_\_\_\_

DEPARTMENTAL APPROVAL:

Signature \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_